Client's Treatment Companion

Matrix Intensive Outpatient Treatment for People With Stimulant Use Disorders



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment www.earthes.gov



This book is your private place to record ideas and reminders that will strengthen your recovery and help you stay abstinent. Some pages have inspirational sayings. Others suggest things to write about or include in this book (like the place to paste in a picture on page 2). You do not need to follow these suggestions. You should make this book personal by including those things that are most meaningful to you.

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|-----------|--|-----|
| | Place a picture that is important to you here. | |
| Why is th | ne picture you chose important to y | ou? |
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| How will it help you in your recovery? | |
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Nama:

Whom will you call when you feel your recovery may be in danger? List the phone numbers of family

members, friends, 12-Step programs, your counselor, your sponsor—anyone you can call for help.

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Trigger What are your most powerful Use triggers for substance use? Thought Craving People to avoid: _____ Places to avoid: _____

| Emotional triggers: |
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| What thought-stopping techniques work for you? |
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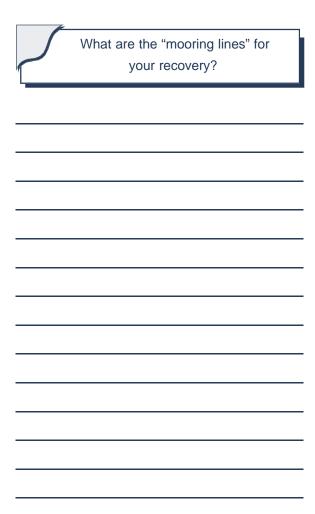


List your top five reasons for remaining abstinent.

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| What are some of the ways you can be smart |
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| and stay committed to recovery? |
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| What are your goals for your recovery? For your life? |
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List the top five ways you relax and reduce stress.



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| Which relationships do you ne | ed to repair |
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| or improve? | (COX) |
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| What can you do today to strengthen your |
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| relationships? |
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| What can you do in the next weeks? |
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List five new activities that have made your recovery stronger.

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| What changes in your life can you make right now? |
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| What changes can you make in the next 3 months? |
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| | Which relapse justifications are you most susceptible to? |
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| How can you reward yourself for keeping your recovery strong? I have been clean and sober day(s). My reward: |
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| I have been clean and sober day(s). My reward: |
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| | I have been clean and sober day(s). My reward: |
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| have been | clean and sober day(s). My |
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List the top five ways your life has improved since you stopped using substances.

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| | You deserve the chance to heal and live a happy, healthy life. |
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PLACE PROGRAM STICKER HERE



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